

INSTRUCTIONS FOR APPLYING FOR VETERANS' GROUP LIFE INSURANCE (VGLI)

Important Information and Instructions

1. Member Information. Veterans' Group Life Insurance (VGLI) is available to persons who had Servicemembers' Group Life Insurance (SGLI) in force at the time of release from active duty, or active duty for training under call or order that does not specify a period of less than 31 days. This insurance is also available to:

- ★ Members of Public Health and NOAA.
- ★ Members of the Individual Ready Reserve (IRR) and the Inactive National Guard (ING).
- ★ Separating reservists with full-time SGLI coverage.
- ★ Reservists with part-time coverage whose SGLI coverage is continued after the period of duty terminates as a result of a disability incurred or aggravated during such duty.
- ★ Retired reservists assigned to or eligible for assignment to the Retired Reserves of a uniformed service, provided SGLI was in force at the time of release from the most recent drilling assignment.

Application for VGLI must be submitted within one year and 120 days from the date of release.

Note: If you have been unable to work since the date you were separated because of total disability, you may be entitled to an extension of up to one year of SGLI coverage at no cost. If you wish to be considered for this extension, you can download the form at www.insurance.va.gov or call OSGI at 800-419-1473 (8 a.m. - 5 p.m. EST).

2. Insurance Coverage. VGLI coverage is available in increments of \$50,000 up to a maximum \$400,000. However, you may not be covered for an amount greater than your SGLI coverage. This insurance is renewable term coverage. At any time you have the option to convert to an individual policy with one of the commercial insurance companies that participate in the program.

3. Premiums. For current premium rates visit www.insurance.va.gov or call OSGI at 800-419-1473 (8 a.m. - 5 p.m. EST). Your premium amount will be determined by your age on the 121st day after your separation OR your age on the date that coverage is approved, whichever is later.

4. Payment. You may pay your premiums monthly, quarterly, semi-annually, or annually. If you choose to pay other than monthly, you will receive the following discounts: quarterly = 2.5%, semi-annually = 3.75%, annually = 5%. If you choose to pay monthly, you have the option of having your premiums deducted from your military retirement pay or disability compensation. If you select this mode of payment, you must still submit the first month's premium with your application (see box 4 of the application).

5. Health Statement. This section must be completed ONLY if it has been more than 120 days since you separated.

6. Naming Beneficiaries. If you do not name a specific beneficiary, your insurance will be paid to your survivors under the provisions of the law as follows:

1. Widow or widower; if none to
 2. Child(ren) in equal shares, with the share of any deceased child distributed among the descendants of that child; if none to
 3. Parent(s) in equal shares or all to surviving parent; if none to
 4. A duly appointed executor or administrator of the insured's estate, and if none, to
 5. Other next of kin
- ★ You may name any beneficiary you choose without anyone knowing or consenting to it. This right cannot be waived or restricted.
 - ★ You may not change a designation of beneficiary by correcting entries on an existing form. Instead, complete a new form to show the name of the new beneficiary(ies).
 - ★ If you need more space than is given for either the principal or contingent beneficiaries, list each beneficiary on a separate sheet and write "see attached" under the appropriate box. The separate sheet must contain your signature, Social Security Number, and the date, and must be attached to this form.
 - ★ No designation or change of beneficiary will be valid unless it is signed, dated, and received by OSGI prior to your death.

Share to be paid to each beneficiary. If you name more than one primary or contingent beneficiary, the sum of the shares must equal the full dollar amount of your insurance, or 100%.

Example:

John Smith,	Son	\$125,000	50%	1/2
Mary Smith,	Daughter	<u>\$125,000</u> or <u>50%</u> or <u>1/2</u>		
		\$250,000	100%	1

Payment Options. If you want the beneficiary(ies) to receive 36 equal monthly payments rather than a lump sum, you should write "36" in the corresponding box under Payment Option. If you choose 36 payments, the beneficiary cannot choose to receive a lump sum payment at the time of your death. If you want the beneficiary to have a choice at the time of payment, leave the box blank.

If you choose installment payments for a principal beneficiary and that beneficiary dies before receiving all the installments, the remaining payments will be made to the contingent beneficiary(ies).

Note: If you do not want your insurance paid under the provisions of the law, you must enter the name(s) of the beneficiary(ies) on the application.

Notification of Insurance. A certificate of coverage will be sent to you as confirmation of the approval of your VGLI application. Premium notices will also be provided according to your payment options as selected. You can obtain additional information on this insurance by contacting OSGI in writing (include your Social Security Number on all correspondence) or by telephone at 800-419-1473 (8:00 a.m. - 5:00 p.m. EST).

APPLICATION FOR

VETERANS' GROUP LIFE INSURANCE**Return completed application to:**

OSGLI

PO Box 41618, Philadelphia, PA 19176-9913

IMPORTANT: No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). See "Important Information and Instructions" before completing this application.

1. Member Information

Last First MI

No. Street

City State Zip

Telephone Number

Social Security Number

Date of Birth

Gender

☐ Male ☐ Female

Age

Branch of Service

For OSGLI Use Only**Action Taken****OSGLI Representative****Date**

Amount of SGLI at Separation

\$ _____

Date of Separation

2. Insurance Coverage (see instructions)

- ☐ \$50,000 ☐ \$200,000 ☐ \$350,000
- ☐ \$100,000 ☐ \$250,000 ☐ \$400,000
- ☐ \$150,000 ☐ \$300,000

3. Premiums Amount Enclosed \$ _____ ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Please make check or money order payable to "OSGLI" (please do not send cash or stamps).

4. Payment For Those Receiving Military Retirement Pay or VA Disability Compensation — Automatic Monthly Payment Option. First month's premium must still be submitted with this application.

- ☐ Check here to have your monthly VGLI premium automatically deducted from your retirement pay.
- ☐ Check here to have your monthly VGLI premium automatically deducted from your VA Disability Compensation.
- VA claim file number _____.

5. Health Statement (See instructions)

Health Information (Attach separate sheet with complete details to any question answered "Yes").

Have you had or been treated for or had known indications of:

Y N

- A. Heart trouble or abnormal pulse? ☐ Y ☐ N
- B. High blood pressure? ☐ Y ☐ N
- C. Nervous disorder? ☐ Y ☐ N
- D. Diabetes or sugar in urine? ☐ Y ☐ N
- E. Cancer or tumors? ☐ Y ☐ N
- F. Lung or respiratory disorders? ☐ Y ☐ N
- G. Disorder of kidney, bladder, or urinary system? ☐ Y ☐ N
- H. Liver or gallbladder disorder? ☐ Y ☐ N
- I. Stomach or intestinal disorders? ☐ Y ☐ N
- J. Arthritis? ☐ Y ☐ N
- K. Have you ever been declined or postponed for any form of life or health insurance or offered a policy with a rate-up premium because of health reasons only? ☐ Y ☐ N
- L. Have you been absent from work because of sickness or injury during the last six months? ☐ Y ☐ N

Have you within the past five years:

Y N

- M. Been advised to have a surgical procedure? ☐ Y ☐ N
- N. Been a patient or been advised to enter a hospital or health care facility? ☐ Y ☐ N
- O. Consulted, been attended, or examined by a doctor or other practitioner exclusive of annual or periodic physicals? ☐ Y ☐ N
- P. Used barbiturates, heroin, opiates, or other narcotics, or been treated for alcoholism? ☐ Y ☐ N
- Q. Have you ever been diagnosed as having acquired immunodeficiency syndrome (AIDS) or AIDS-related complex (ARC)? ☐ Y ☐ N
- R. Do you have any known physical impairments, deformities, or ill health not covered above? ☐ Y ☐ N
- S. Do you have a service-connected disability? ☐ Y ☐ N
- If yes, what is the VA claim file number? _____

(Continued on reverse side)

Detach & Return

6. Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Principal Beneficiary

Last First MI Social Security Number (if known)
No. Street City State Zip

**Relationship
To You****Share to
Beneficiary**
(Use %, \$ amount,
or fractions)**Payment
Option**
(Lump sum or 36 equal
monthly installments)**Principal Beneficiary**

Last First MI Social Security Number (if known)
No. Street City State Zip

**Relationship
To You****Share to
Beneficiary**
(Use %, \$ amount,
or fractions)**Payment
Option**
(Lump sum or 36 equal
monthly installments)**Contingent**

Last First MI Social Security Number (if known)
No. Street City State Zip

**Relationship
To You****Share to
Beneficiary**
(Use %, \$ amount,
or fractions)**Payment
Option**
(Lump sum or 36 equal
monthly installments)**Contingent**

Last First MI Social Security Number (if known)
No. Street City State Zip

**Relationship
To You****Share to
Beneficiary**
(Use %, \$ amount,
or fractions)**Payment
Option**
(Lump sum or 36 equal
monthly installments)

NOTE: SGLI remains in effect for 120 days after separation. The beneficiary designation above becomes effective when VGLI coverage becomes effective. Initial this box if you wish this designation to change your SGLI beneficiary designation immediately.

Initials

Applicant Signature

I understand that I cannot have combined SGLI and VGLI coverage for more than \$250,000. I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under the provisions of the law as explained in the instructions.

Signature of Applicant (Do not print. Sign in ink.)

Date

PENALTY: The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine, imprisonment, or both.

APPLICATION FOR
VETERANS' GROUP LIFE INSURANCE

When applying for Veterans' Group Life Insurance:

1. Complete all sections of this application, except the health statement which you should only complete if you were discharged more than 120 days ago.
2. Make your check or money order payable to OSGLI. You should include your Social Security Number on the face of the check.
3. Enclose proof of your SGLI coverage (e.g. your DD214, Form NGB-22, proof of your enlistment in the IRR or ING, or your most recent leave and earnings statement).
4. Review all sections, sign, and make a copy for your records.
5. Mail the application to:
Office of Servicemembers' Group Life Insurance
P.O. Box 41618
Philadelphia, PA 19176-9913